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Bib Data Sheet

CONFIRMATION NO. 9785

SERIAL NUMBER 10/646,643	FILING DATE 08/22/2003 RULE	CLASS 108	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. 2003P07970 US
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APPLICANTS

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** CONTINUING DATA *****
 None *Enter*

** FOREIGN APPLICATIONS *****
 None *Enter*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and <i>Th</i> <i>ETna</i> Acknowledged Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

Multiple position support structure

FILING FEE RECEIVED 1014	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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